

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: \_\_\_\_\_

2 Serial/Patent # 10/278103

| 3 Please refund the following fee(s): |                                   | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
|---------------------------------------|-----------------------------------|----------------|--------------|----------|
| <input type="checkbox"/>              | Filing                            |                |              | \$       |
| <input type="checkbox"/>              | Amendment                         |                |              | \$       |
| <input type="checkbox"/>              | Extension of Time                 |                |              | \$       |
| <input type="checkbox"/>              | Notice of Appeal/Appeal           |                |              | \$       |
| <input type="checkbox"/>              | Petition                          |                |              | \$       |
| <input type="checkbox"/>              | Issue                             |                |              | \$       |
| <input type="checkbox"/>              | Cert of Correction/Terminal Disc. |                |              | \$       |
| <input type="checkbox"/>              | Maintenance                       |                |              | \$       |
| <input type="checkbox"/>              | Assignment                        |                |              | \$       |
| <input type="checkbox"/>              | Other                             |                |              | \$       |

7 TOTAL AMOUNT OF REFUND \$

8 TO BE REFUNDED BY:

10 REASON:

☐ Treasury Check

☐ Overpayment

☐ Credit Deposit A/C #:

☐ Duplicate Payment

9

☐ No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

OFFICE: \_\_\_\_\_

RECEIVED: 08/01/2005  
DAH:508481 Name/Number:16528102  
FC: 0384 PHONE: \$500.00 CR

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**